



Caring Hands Camp

A Zionsville Kids Care Club Project
Sponsored by the Boys and Girls Club of Zionsville
1575 Mulberry Street, Zionsville, IN 46077-1146
(317) 873-6670 • info@bagcoz.org • zkidscare@gmail.com

CAMP INFORMATION SHEET

Caring Hands Camp is a project of the new *Zionsville Kids Care Club. The Boys and Girls Club of Zionsville is the sponsoring organization for the Zionsville Kids Care Club. Learn about Kids Care Clubs at www.kidscare.org. The camp is also supported by the Lions Club, Zeta Sigma Chapter of Tri Kappa, the United Way, Boone County EDC, the Zionsville Merchant's Association and the ZCHS Athletic Department.

Vision of Camp: Kids in the Zionsville community coming together to help others in Zionsville, Boone County, and neighboring Counties.

Objectives

1. Sponsor a five-day, community service oriented, theme-driven summer camp with the themes as follows: Community Clean-up and Beautification, Animal Protection, Senior Giving, Hunger Relief and Kids for Kids
2. Involve a host of community leaders and community service organizations.
3. Achieve a self-sustaining year-to-year model and provide service opportunities throughout the year.
4. Incorporate an element of service and an element of fun in every camp day.

General description:

- Camp is geared towards kids 14 and under. Age groups are: 4 and under with adult, 5-8yrs, 9-14yrs.
- The duration of the camp is Monday-Friday, 9:00am-3pm for kids 5yrs-14yrs. For kids 4 and under, with adult, camp hours are 9:00am-Lunch, and they may choose one or more days. Drop off/arrival is 8:45-9:00am. Afternoon pick up is 2:45-3:00pm.
- Specified ZCHS Athletic Department sports teams will participate as camp counselors/staff.
- Cost of camp: \$85 for the week and \$65 for 3 days. Kids 4 and under, with adult, may sign-up on a per day basis for \$8.50/day
- Lunch, water, and one snack included in the cost.
- Need-based scholarships are available. Please contact Boy and Girls Club (317-873-6670) for an additional application form.
- After and before care for 5 yrs+ can be arranged separately and independently of camp with the Boys and Girls Club. The BOGC \$45 fee would cover both the camp and membership for a calendar year.
- **DROP OFF AND PICK UP WILL BE AT LIONS PARK!** The wrap up party will be at Lions Park. Kick-off Meeting is on Monday, July 5 at Lions Park at 8:45am. End of week party for the families is on Friday, July 9 at 5:30pm at Lions Park.
- Camp activities will take place at Lions Park, the Boys and Girls Club, Community Room at Town Hall, and specified project locations in Boone County and surrounding counties with the majority of activity taking place in Zionsville proper. Weather dependent activities will be planned accordingly on an as needed basis.
- Registration ends June 21, 2010.

Caring Hands Camp Committee Members:

Debbie Forbeck (Project Chair and Zionsville Kids Care Club Facilitator)

Leigh Ann Akard (Zionsville Lions Club)

Tim Fretz (Boys and Girls Club of Zionsville)

Whitney Witsken (Zeta Sigma Chapter of Tri Kappa)

Jane Crawford Janeira (Zeta Sigma Chapter of Tri Kappa)

Dave Poindexter (I'm In, Inc.)

Jill Troha (United Way of Central Indiana)

Carol Marquis (Zionsville Merchants Association)

Dax Norton (Boone County EDC)

*Zionsville Kids Care Club is a part of the Hands On Network, a subdivision of the Points of Light Institute (see <http://www.pointsoflight.org/> for more information).





Caring Hands Camp

A Zionsville Kids Care Club Project
Sponsored by the Boys and Girls Club of Zionsville
1575 Mulberry Street, Zionsville, IN 46077-1146
(317) 873-6670 • info@bagcoz.org • zkidscare@gmail.com

CAMP APPLICATION FORM

Boys and Girls Club Member? Y/N

Camper First Name: _____ Middle Name: _____ Last Name: _____
Nickname: _____ Date of Birth: _____ Age: _____ Gender: Male Female
Camp Days for 4 yrs. and under (with parent) ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. (Monday required)
Home Address: _____ City: _____ Zip Code: _____
Home Phone Number: (_____) Email Address: _____
Grade In School: _____ Name of School: _____
Mother's Name: _____ Employer: _____
Mother's Work Phone Number: _____ Mother's Cell Phone: _____
Mother's Occupation: _____ Mother's Work Email: _____
Father's Name: _____ Employer: _____
Father's Work Phone Number: _____ Father's Cell Phone: _____
Father's Occupation: _____ Father's Work Email: _____
Guardian's Name: _____ Employer: _____
Guardian's Work Phone Number: _____ Guardian's Cell Phone: _____
Guardian's Occupation: _____ Guardian's Work Email: _____
Does your child qualify for the free or reduced lunch program? ___ Yes ___ No

At the conclusion of the camp day, my child will (please circle):

- Walk Home
- Be picked up
- Take part in the Boys and Girls Club after care program (must be Boys and Girls Club member for above)

Please list two individuals (names and telephone numbers) that have permission to pick up your child other than the names indicated above:

PARENTAL PERMISSION AND RELEASE AND INDEMNITY AGREEMENT

I hereby give permission for my child, named below, to join Zionsville Caring Hands Camp sponsored by the Boys & Girls Club of Zionsville ("The Club") and permission for my child to participate in the Clubs' programs, activities, field trips and to visit and use the Clubs' facilities and to be photographed. It is understood that Club programs and activities may include Internet access, surveys, interviews, and focus group discussions. Data collected from various vehicles is private and confidential. It is also understood that data collected will protect my child's identity, although the Club, its assigns or successors may use the data to determine current trends. The data collected is the sole property of the Club. I am the natural parent or legal guardian having custody of said child. In consideration of my child being accepted for membership and participation in the Clubs and activities, I hereby voluntarily release and agree to hold harmless and indemnify the Boys & Girls Club of Zionsville and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorneys fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child's membership in the Clubs, participation in the Clubs' programs, activities and field trips and the Clubs' facilities, whether or not resulting in whole or in part from negligence, acts or omissions of the Boys & Girls Club of Zionsville or its directors, officers, employees, volunteers, or agents, or of said child.

Name of Child (printed)

Parent/Guardian (Printed Name)

Member Signature/ Parent/Guardian Signature

Date



Caring Hands Camp

A Zionsville Kids Care Club Project

Sponsored by the Boys and Girls Club of Zionsville

1575 Mulberry Street, Zionsville, IN 46077-1146

(317) 873-6670 • info@bagcoz.org • zkidscare@gmail.com

HEALTH HISTORY AND PERMISSION FORM

Child's Name: _____

Age: _____ Height: _____ Weight: _____

Does your child have any medical problems or allergies? ____ Yes ____ No

If yes, please explain _____

Please list all medications that your child is currently taking: _____

Physician's Name: _____ Physician's Phone Number: _____

Do you have private health insurance? ____ Yes ____ No

Name of Health Insurance _____ Policy Number: _____

Do you have Medicaid for your Child? ____ Yes ____ No

Do you have Hoosier Advantage for your Child? ____ Yes ____ No

If you cannot be reached, please list two individuals that we could contact in case of an emergency? Please include name, address, phone number, and relation to you/child.

The Health History and Permission Form is correct so far as I know, and the person herein described has permission to engage in all Club activities except as noted. Authorization for Treatment: I hereby give permission to the Club Director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the Club director to secure and administer treatment, including hospitalization, for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, volunteers and members. I hereby on behalf of my child) we will need one of these forms for each child, right? waive, release, and forever discharge any and all rights and claims for damages which my child may have or may not have accrue arising out of or connected with my child in any of the activities of the Club.

Any restrictions:

Parent's Signature

Date

Caring Hands Camp

A Zionsville Kids Care Club Project
 Sponsored by the Boys and Girls Club of Zionsville
 1575 Mulberry Street, Zionsville, IN 46077-1146
 (317) 873-6670 • www.bagcoz.org

PAYMENT FORM

Age group 4 years and under, with Adult, are Morning Only from 9:00-Lunch. All other age groups are Full Day from 9:00am-3:00pm. Registration ends June 21, 2010.

Camper Name 1 : _____ Camper Age: _____

Camper Name 2 : _____ Camper Age: _____

	Circle Dates	# of Children	Cost/per child	
Age groups: 4 and under with Adult				
Morning Only	July 5, 2010	_____	@\$8.50	_____
Morning Only	July 6, 2010	_____	@\$8.50	_____
Morning Only	July 7, 2010	_____	@\$8.50	_____
Morning Only	July 8, 2010	_____	@\$8.50	_____
Morning Only	July 9, 2010	_____	@\$8.50	_____

SUB TOTAL

Age groups: 5-8 yrs and 9-14 yrs				
3 Days – Full			@\$65	_____
	July 5, 2010	July 8, 2010		
	July 6, 2010	July 9, 2010		
	July 7, 2010			

5 Days – Full July 5-July 9, 2010 _____ @\$85 _____

SUB TOTAL

GRAND TOTAL

Attending party Friday, July 9, 2010 at 5:30pm? YES / NO # of people: _____

Payment Method:

____ Cash (in person only)
 ____ Check # _____, payable to Boys and Girls Club at 1575 Mulberry Street, Zionsville, IN 46077-1146
 ____ Visa ____ MasterCard ____ Discover ____ American Express
 Card # _____ Exp. Date _____

Printed Name (as it appears on the card) _____

Billing Address _____ City _____ State _____ Zip Code _____

Signature _____

